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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/088791
 APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/	/	/
2	/	/	/	/
3	2	/	/	/
4	1	/	/	/
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13	2	/	/	/
14	1	/	/	/
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TOTAL P.				
TOTAL AIMS				

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TOTAL CLAIMS								